

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18412

State File No. _____

FILED MAY 27 1957

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4465

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>✓</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u> c. LENGTH OF STAY (in this place) <u>10 DAYS.</u>		c. CITY OR TOWN <u>St. Louis,</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Chronic Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>2340 Rutger St.,</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucian</u> b. (Middle) <u>J</u> c. (Last) <u>Aubuchon</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 7--1957.</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Mar. 16, 1901</u>
9. AGE (In years last birthday) <u>56</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Eli Aubuchon</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Thurman</u>	
14. NAME OF HUSBAND OR WIFE <u>Ollie Aubuchon</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jessie Streiler, Rte. # 1, Festus, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinomatosis</u> <u>Adenocarcinoma of</u> <u>Pancreas (??)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>157x</u>	
19a. DATE OF OPERATION <u>April, 57</u>		19b. MAJOR FINDINGS OF OPERATION <u>Biopsy of abdominal subcutaneous tissue.</u>	
20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>April 24, 1957</u> , to <u>May 7, 1957</u> , that I last saw the deceased alive on <u>May 7, 1957</u> and that death occurred at <u>6:40 P.M.</u> from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>John W. Beckman, M.D.</u>		23b. ADDRESS <u>5800 Arsenal</u>	
23c. DATE SIGNED <u>5/8/57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>5/10/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic</u>	
24d. LOCATION (City, town, or county) (State) <u>Festus, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Vinyard Funeral Home, Inc., Festus, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>MAY 10 '57</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Keith B. Vinson

Licensed Embalmer No. *4976*

P. O. Address *Festus, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.